

NOTICE OF ACTION/ CONSENT



In accordance with Part C of the IDEA

Child's Name:	Date of Birth:	Date:
Prior Written Notice must be given to you	ou, and consent obtained from you, b	efore certain actions are taken. The
following is to inform you of the action(s)) being proposed.	
() Initial evaluation/assessment of the c		
() Initiation of Early Intervention Service	ce(s)	
Reason for the action:		
PARENT SIGNATURE FOR CONSENT IS REQUIRED before the following actions can be initiated:		
Initial evaluation / assessment of the ch	nild Consent Decline	
Early Intervention Service(s)	List services being proposed	
	Consent Decline	
	Consent Decline	
	Consent Decline	
	Consent Decline Consent Decline	
	Consent Decline	
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Parent Signature	Date of Parent	Signature
Signature of agency representative	Date received	by agency
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A copy of the Parent's Rights Statement		
If you need assistance in understanding :	the provisions of the Parent's Right	s Statement, you may contact the

The Missouri Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 5th Floor, 205 Jefferson Street, Jefferson City, Missouri 65102-0480; telephone number 573-751-4581.

Special Education Compliance Section, Department of Elementary and Secondary Education at (573) 751-0699 or

(573) 751-0186 or via e-mail at webreplyspeco@dese.mo.gov.